

July 26, 2011

Los Angeles County **Board of Supervisors**

Gloria Molina

First District

TO:

FROM:

Each Supervisor

Mark Ridley-Thomas

Second District

Mitchell H. Katz, M.D. Director

Zev Yaroslavsky

Third District

SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS.

Don Knabe Fourth District HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER - PROGRESS REPORT #60 (Agenda Item #S-2,

July 26, 2011)

Michael D. Antonovich Fifth District

Mitchell H. Katz, M.D. Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

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To ensure access to high-quality. patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of June 2011.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of June was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). The census for Medical/Surgical units was an estimated 95% utilization rate (97% occupancy) for June 2011.

Emergency Department (ED) Indicators

Attachment #1 demonstrates decrease in key indicators such as Median ED Boarding Time and Dangerously Overcrowding Level and an increase in Length of Stay (ALOS). The number of patients transferred out this period is 9% less than May 2011.

The ED Wait Time and Left Without Being Seen (LWBS) indicators remained relatively stable during this period.

The Dangerously Overcrowded Level Comparison is 1% for this period, which represents the lowest level since April 2010, and a 92% decrease from last month and same time last year.

If you have any questions or need additional information please contact me or Pete Delgado, LAC+USC Chief Executive Officer at (323) 409-2800.

PD:bh

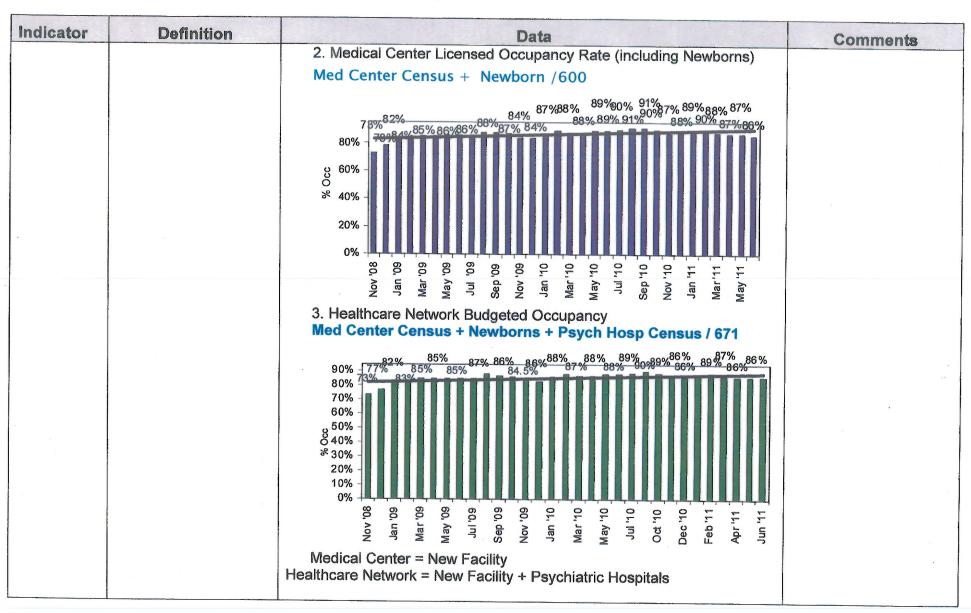
Attachments

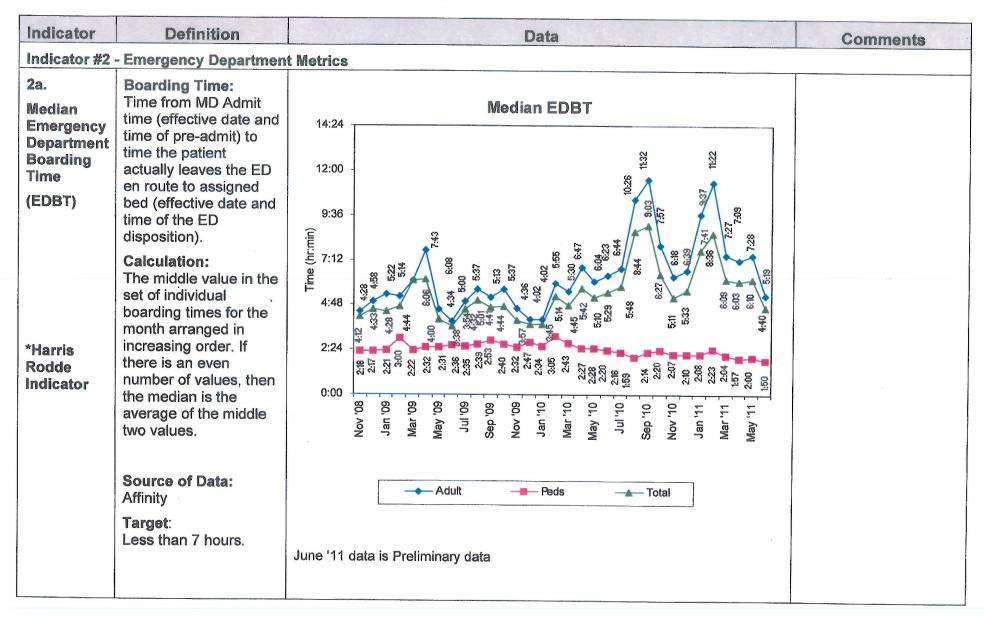
C: Chief Executive Office County Counsel Executive Office, Board of Supervisors

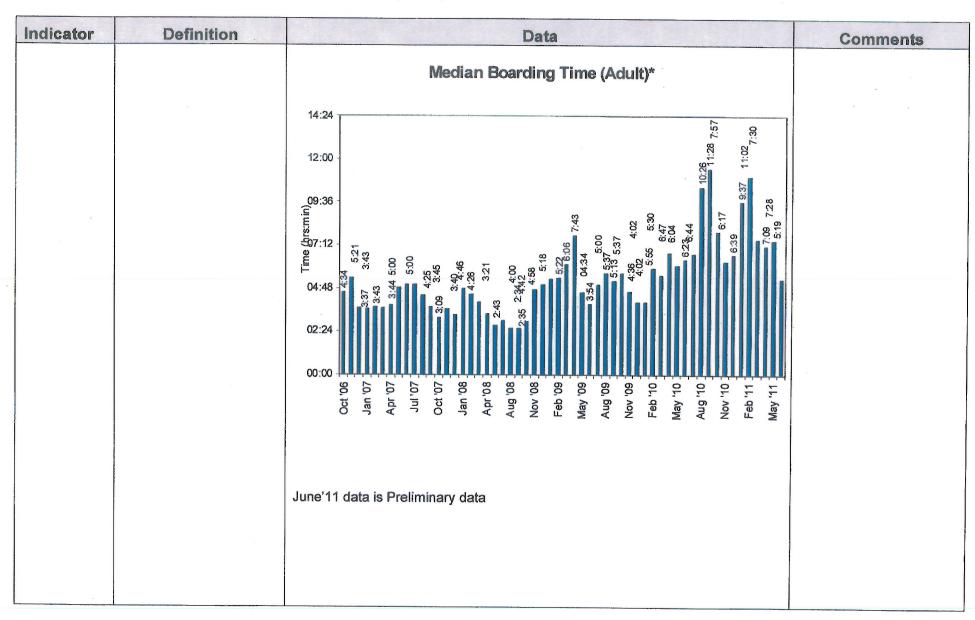


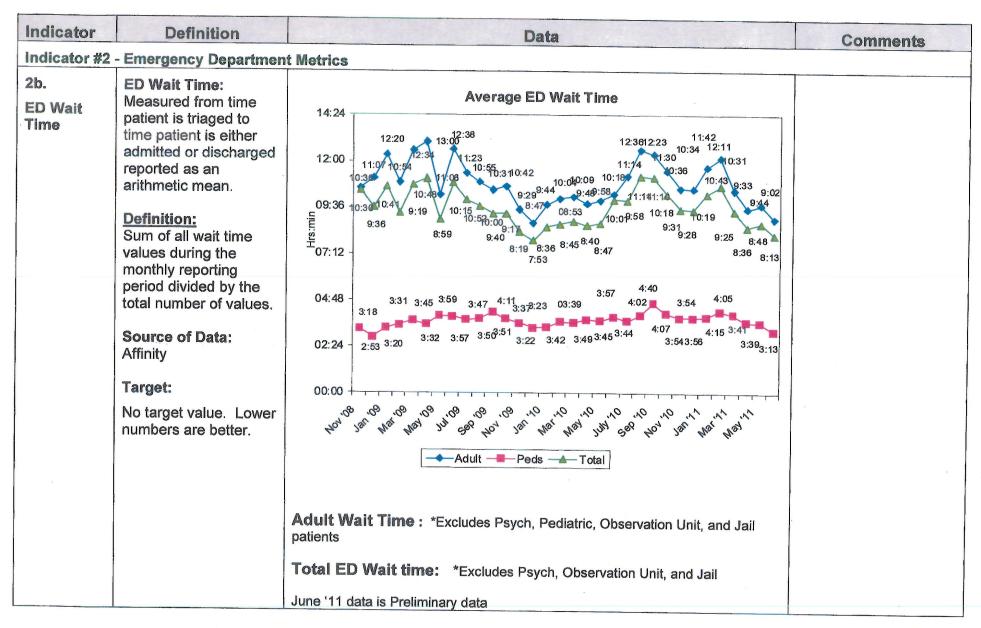
Indicator	Definition	Data	Comments
Indicator #1	 Trends in Average Dai 	ly Census and Hospital Operations Metrics	
Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC 100	ADC provided as background information.

Indicator	Definition	Data	Comments
Indicator #1	 Trends in Average Dail 	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 87% 88% 90% 89% 87% 90% 87% 86% 86% 87% 88% 87% 88% 89% 90% 85% 88% 88% 88% 88% 88% 88% 88% 88% 88	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.



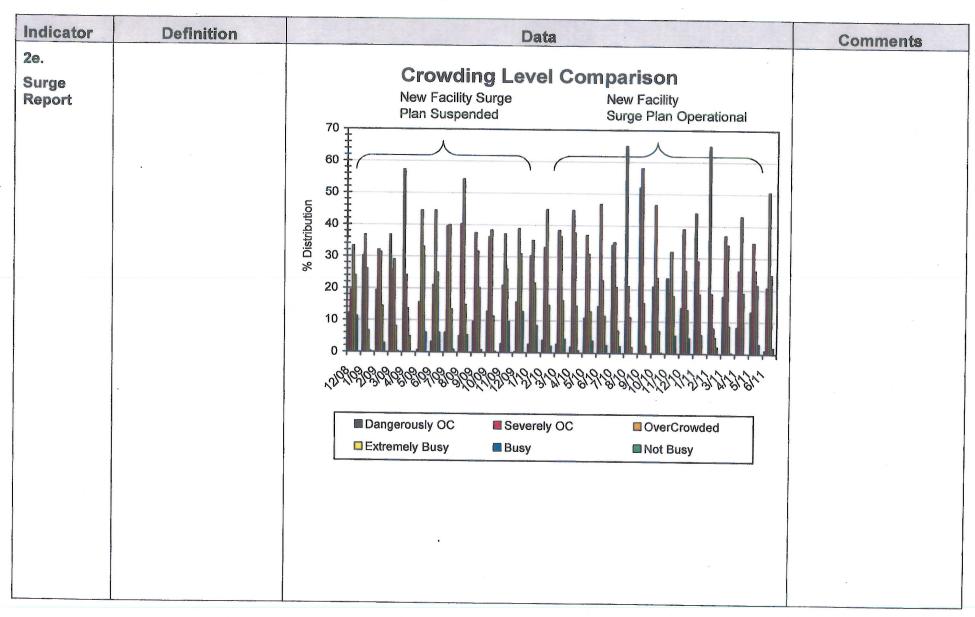




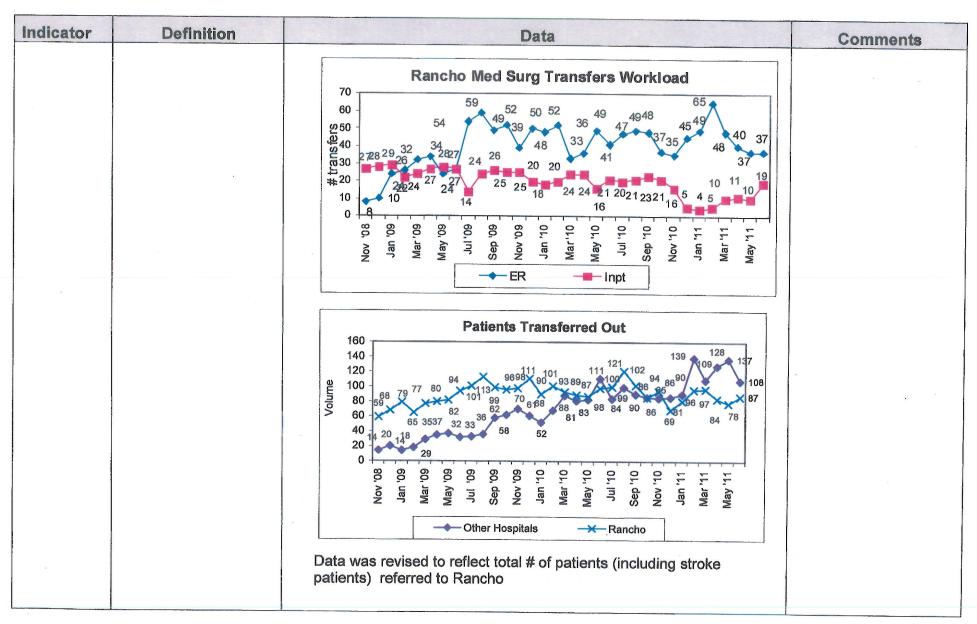


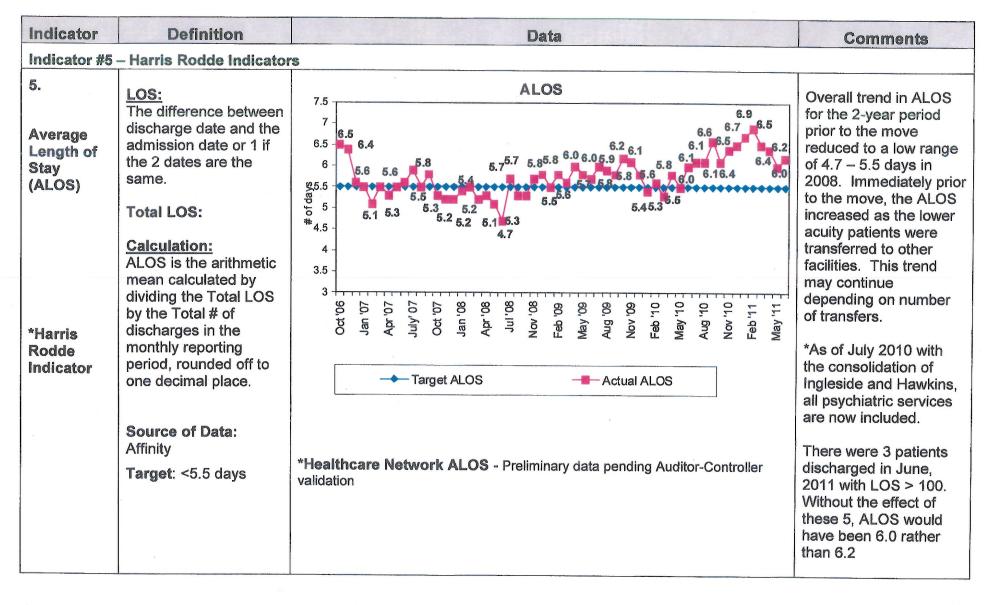
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 Left Without Being Seen 2000 - 2000 - 18% 16%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data:	14% 12% 1000 500 500 6% 4% 2% 0%	
	Affinity Target: No target value. Lower numbers are better.	の Number Percent June '11 data is Preliminary data	
		June '11 data is Preliminary data	

Indicator Definition	Data	Comments
Indicator #2 - Emergency Departmen	t Metrics	
ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation 81 79 63 75 53 7774 70 69 62 61 81 79 63 75 55 7774 69 62 61 60 49 45 42 34 42 40 38 41 43 38 38 36 36 35 35 32 28 25 22 1 23 30 25 20 10 90 40 40 40 40 40 40 40 40 40 40 40 40 40	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".



Indicator	Definition	Data				Comments
Indicator #3	- Trends for Patient Dive	ersions and Transfers & #4	l – Transfers	s to Rancho Los	Amigos Metrics	
3. & 4. Rancho Los Amigos	Transfers: The volume of patients transferred to RLAH for acute hospitalization from the Emergency	Month of June '11 Referrals from ER:				
			Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	40	NA	-	
Fransfers	Inpatient Units.	# Referred to RLAH	37	29	66	
	Data Source:	# Transfers	37	29	66	
	Manual record keeping.	# Denied	0	NA	_	
		# Cancelled	3*	NA	_	
	Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.	# Patients refused*	2	NA	_	
		Referrals from Inpatients	: Med/Surg	Acute Stroke	Tatal	
			ivieu/surg	Acute Stroke	Total	
		# Met transfer criteria	23	NA		
		# Referred to RLAH	23	2	25	
		# Transfers	19	2	21	
		# Denied	0	NA	~	
		# Cancelled	2*	NA	_	
		# Patients refused*	0	NA		
		Other /Pending	2	NA	_	





Indicator	Definition	Data			Comments		
Indicator #6 – P	Pediatric Metrics						
6.	Census: The total number	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Pediatric Bed	admitted pediatric	Nov-08	56%	54%	50%	33%	
Census and	inpatients at 12:00 AM	Dec-08	52%	60%	60%	40%	
Occupancy	midnight of a	Jan-09	52%	68%	70%	75%	
(%)	designated pediatric	Feb-09	50%	80%	80%	85%	
	ward.	Mar-09	57%	72%	70%	80%	
	ward.	Jun-09	60%	64%	60%	75%	
Pediatric ICU	Occupancy:	Jul-09	57%	72%	60%	80%	
(PICU)	The total number of	Aug-09	55%	64%	60%	80%	
N 4 - 1 1011	admitted pediatric	Sep-09	55%	68%	70%	80%	
Neonatal ICU	inpatients divided by	Oct-09	45%	60%	60%	80%	
(NICU)	the total number of	Nov-09	35%	64%	70%	70%	
Pediatric Unit	licensed beds on that	Dec-09	40%	64%	70%	65%	
	I come for a color control attention and an advantage of the control attention of	Feb -10	65%	84%	80%	80%	
Adolescent	unit and reported as	Mar -10	65%	68%	60%	75%	
Unit	percentage.	Apr-10	60%	64%	60%	80%	
		May -10	67.5%	68%	80%	80%	
	Source of Data:	Jun -10	65%	64%	70%	80%	
		Jul -10	60%	68%	80%	85%	
	Affinity	Aug -10	62%	68%	60%	85%	
		Sep -10	72.5%	60%	60%	80%	
		Nov-10	67.5%	48%	50%	70%	
		Dec -10	62%	60%	50%	65%	
		Jan -11	55%	60%	70%	70%	
		Feb -11	57%	68%	80%	80%	
		Mar- 11	57%	60%	70%	75%	
		Apr-11	55%	64%	50%	75%	
		May -11	57%	56%	50%	80%	
		Jun-11	70%	52%	60%	75%	